

STATE OF OREGON
WATER SUPPLY WELL REPORT

MAR 16 2001

(as required by ORS 537.765)

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 47465

START CARD # 139284

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number _____
Name TRINITY LUTHERAN CHURCH
Address 2194 SE MINTER BRIDGE RD.
City HILLSBORO State OR Zip 97123

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 160 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	160	Bentonite	0	50	39 sks
			Sand pk	80	160	

How was seal placed: Method A B C D E
 Other _____

Backfill placed from 50 ft. to 80 ft. Material Bentonite
Gravel placed from 80 ft. to 160 ft. Size of gravel #8 sand

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel			
					Plastic	Welded	Threaded	
	10	+1	4	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8	+1	95	SDR21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	8	155	160	" "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Liner: _____

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Slotted Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
95	155	.020		8"	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
75		60	1 hr.
45		40	"

Temperature of water 56°F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County WASHINGTON Latitude _____ Longitude _____
Township 1S N or S Range 2W E or W. WM.
Section 8 NE 1/4 NW 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2194 SE MINTER BRIDGE RD.

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 03/12/01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 95

From	To	Estimated Flow Rate	SWL
95	155	75 GPM	10

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown clay	0	18	
Soft gray clay	18	93	
Fine to med. coarse black sand	93	102	10
Sticky gray clay	102	116	"
Fine to coarse black sand w/clay stks.	116	130	"
Sticky gray-brown clay	130	142	"
Sticky blue-gray clay	142	150	"
Med. to coarse brown/black sand w/clay	150	158	10
Sticky gray clay	158	160	

Date started 03/06/01 Completed 03/12/01

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed _____ Date _____ WWC Number _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed [Signature] Date 03/12/01 WWC Number 1266